EAST GEORGIA POLICE ACADEMY

2092 Greenland Road Blythe, GA 30805

Telephone 706-592-1518 Fax Phone 706-592-1905

Student Authorization Form

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F()R	F(iPA	OFFICE	use	ONI	Y

Entered By: _____

	AGENCY INFORMAT	ION	COURSE INFORMATION	NC	
Pleas	se print or type all agency information		(10) EGPA Course Number:		
(1) Agency:					
(2) Agency PIN #:			(11) Course Title:		
(4) City:					
(5) State:	Z	ip:			
(6) Agency Phone #:			(12) Dates:		
(7) Training Officer Phone	ə # <u>:</u>		(-2, 23.00)		
(8) Agency Head (or design	gnee):				
(9) Type of Agency:		tion corporation	Agency FAX Number (required	d)	
		Non-Profit (under IRS provision	ns)		
	Out -or- State	inizeri			
	Only three (3) studen	ts per agency should be list	ted, in order of acceptance priority.		
	Student #1	Student #2	Student #3		
(13) Name:					
(14) SSN:					
(15) Sex:					
(16) Certification #:					
(17) Certification Date:					
(18) Certification Type: (19) Date of Birth:					
(20) Date joined agency:					
(21) Rank:					
(22) Current Assignment:					
· ,	placed on the waiting list, students can not be registered	for any other class with the same title	NOR any class that starts or ends during the same period. The	ne waiting	
list is for this class only. If the	e student is not selected for this class before the start dat	te, the application will be cancelled.			
By the signature below	AUTHORIZATION If, I certify that I am the agency head or design	nee and	REGISTRATION STATUS		
sites listed in the cours	nmed applicants meet the minimum course pee description.	You ha	ve been accepted to attend this course.		
	Time and a		In the event you are unable to attend, contact the EGPA ASAP to cancel your registration.		
Agency Head (or	5 ,		ass is FULL.		
		It will be	It will be offered at a later date. Please continue to check our web		
Date:		site.			
Cignoture		Supervi	isor's signature is required.		
Signature					